

CIA INTERNAL USE ONLY
SECRET

(When Filled In)

PERSONALITY [] FILE REQUEST

TO RI/ANALYSIS SECTION	DATE 26 NOV 56	ACTION <input checked="" type="checkbox"/> OPEN <input type="checkbox"/> AMEND <input type="checkbox"/> CLOSE		
FROM CI/OA	ROOM NO.		TELEPHONE	

INSTRUCTIONS: Form must be typed or printed in block letters.

SECTION I: List [] number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.

SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.

SECTION III: To be completed in all cases.

SECTION I				
SENSITIVE	<input checked="" type="checkbox"/>	NOT	SOURCE DOCUMENT	
NON-SENSITIVE				
NAME (Last)	(Middle)	(First)	(Title)	3.
ASO Tatsuo				
NAME VARIANT				
TYPE NAME 2. (Last)	(Middle)	(First)	(Title)	
PHOTO	4. BIRTH DATE	5. COUNTRY OF BIRTH	6. CITY OR TOWN OF BIRTH	7. OTHER IDENTIFICATION
YES	NO	05 M 10 JAP	Kobe City	1. 2. 3.
OCCUPATION/POSITION				
RECORD COPY				
DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHODS EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2008				

COUNTRY OF RESIDENCE	10. ACTION DESK	11. 2ND COUNTRY INTEREST	12. 3RD COUNTRY INTEREST	12A.
	fs/1			
COMMENTS: RESTRICTED CI OA FOLDER IN RI AR				

PERMANENT CHARGE		RESTRICTED FILE		SIGNATURE
YES	NO	YES	NO	[Signature]